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ILLINOIS. DEPT. OF PUBLIC HEALTH  
RULES AND REGULATIONS FOR THE  
CONTROL OF TUBERCULOSIS

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DEPARTMENT OF PUBLIC HEALTH

Isaac D. Rawlings, M.D., *Director*  
Springfield, Illinois

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# Rules and Regulations

FOR THE

# Control of Tuberculosis

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Approved and in Force August 1, 1917  
Revised and in Force June 1, 1918  
Revised and in Force January 1, 1923

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## REPORTABLE DISEASES

THE FOLLOWING NAMED DISEASES are declared to be contagious, infectious and communicable and dangerous to the public health:

Actinomycosis	Pellagra
Anthrax	Plague
Asiatic cholera	Pneumonia (all forms)
Botulism	Poliomyelitis, acute anterior (infantile paralysis)
Chicken pox	Puerperal fever
Dengue	Rabies
Diphtheria	Rocky Mountain spotted, or tick fever
Diphtheria carrier	Scarlet fever
Dysentery, amebic	Septic sore throat
Dysentery, bacillary	Smallpox
Encephalitis Lethargica	Tetanus
Erysipelas	Trachoma
Favus	Trichinosis
German measles	Tuberculosis, pulmonary
Glanders	Tuberculosis, other forms
Hookworm disease	Continued fever (over seven days)
Influenza (La Grippe)	Para-typhoid fever
Leprosy	Typhoid fever
Malaria	Typhus fever
Measles	Yellow fever
Meningitis, epidemic (cerebro-spinal fever)	Venereal diseases—
Meningitis, tuberculous	Chancroid
Mumps	Gonorrhea
Ophthalmia neonatorum	Syphilis
(Conjunctivitis of newborn)	Whooping cough
Paragonimiasis (endemic hemoptysis)	

In order to preserve and improve the public health, it is required that every case or suspected case of any of these diseases must be reported to the local health authority immediately by the attendant, householder, or any other person having knowledge of such known or suspected case. A report made by telephone must be followed within twelve hours by a written report.

Local health authorities must transmit copies of all such reports to the Illinois Department of Public Health, Springfield, within twelve hours after receipt of same.

Health officers who fail, neglect or refuse to enforce the rules for the control of communicable diseases, and *all persons who violate* these rules subject themselves to a fine of not to exceed \$200.00 for each offense, or imprisonment in the county jail not to exceed six months or both.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH,

ISAAC D. RAWLINGS, M.D., *Director.*

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## TUBERCULOSIS

The Illinois Department of Public Health hereby declares tuberculosis to be a contagious, infectious and communicable disease and dangerous to public health.

In order to preserve and improve the public health, the Illinois Department of Public Health hereby adopts and promulgates the following rules and regulations for the control, suppression and eradication of tuberculosis and directs their enforcement by all local health authorities,\* officers and employees of all cities, villages, counties and townships in the State of Illinois.

Health or other officers who fail, neglect, or refuse to enforce the following rules and all persons who violate them, subject themselves to a fine of not to exceed \$200.00 for each offense, or imprisonment in the county jail, not to exceed six months, or both.

If the municipality has no health officers, reports must be made to the mayor of the city, president of the village, or the official designated by ordinance to receive the same.

Cases occurring in the territory outside of the limits of a municipality must be reported to the person designated by the rules of the township or the county board of health to receive such reports, or, if there be no such person designated, reports must be made to the supervisor of the township, or, in counties not under township organization, to the county board of health.

**Rule 1. Reports.**—Every physician†, laboratory director, nurse or other attendant, superintendent of any hospital, asylum, orphanage, jail, or similar institution, teacher in any school, proprietor or manager of any business, hotel, lodging or boarding house, parent, guardian, householder or any other person having knowledge of a known or suspected case‡ of tuberculosis, shall immediately report such known or suspected case of tuberculosis in writing or by telephone to the local health authority. Every case reported by telephone shall be followed with a written report within twelve hours. Upon receipt of such report the local health authority shall within twelve hours forward copy of the same to the Illinois Department of Public Health, Springfield, Illinois. Every case developing on the premises subsequent to the first reported case shall likewise be reported.

**Rule II. Information to be Given in Report to Health Authorities.**—The written report of a known or suspected case of tuberculosis, required by these rules, shall set forth at least the following information: (1) Place and date of report; (2) name, exact

\* The term "local health authority", as employed in these rules shall be understood to mean the local health officer, or health commissioner, or the board of health, as the case may be.

† Every physician attending a case of pulmonary tuberculosis or consumption should advise the patient and the members of the family and household as to the nature of the disease and as to the means whereby infection may be avoided, especially as to the isolation of "open cases" of tuberculosis, the proper disposal of sputum, the control of cough and the avoidance by healthy persons of the use of articles that have been used by the person having tuberculosis.

‡† Suspect cases of tuberculosis, shall be considered as having active tuberculosis, until they have been definitely proven to be non-tuberculous by physical examinations and such recognized laboratory methods as are considered essential by the Director of Public Health or his local representative.

address, age, sex, color, and occupation of the diseased person; (3) number of children and adults in household; (4) school attended or place of employment, giving names of employers and mentioning particularly any engaged in handling milk or food-stuffs; (5) type of disease; (6) date of onset of illness; (7) precautions taken to prevent spread of infection; (8) name and address of person making the report.

**Rule III. Isolation of Open Cases.**—The term "Open Cases" of Tuberculosis as employed in these rules and regulations shall apply to the following types of cases.

(1) All cases of pulmonary tuberculosis or consumption who produce sputum containing tubercle bacilli.

(2) All cases of tuberculosis other than the pulmonary form in which the tubercle bacilli are found in the discharge from the diseased process.

(3) All known cases of pulmonary tuberculosis or consumption, until three specimens of sputum which are negative to tubercle bacilli, have been submitted at weekly intervals for three consecutive weeks and examined in a laboratory recognized by the Illinois Department of Public Health.

(4) All known cases of pulmonary tuberculosis or consumption in which a positive sputum has been obtained shall be considered as "open cases" for at least a period of three months, and thereafter, until three successive specimens of sputum, collected at intervals of one week, shall have been found to contain no tubercle bacilli upon examination at a laboratory recognized by the Illinois Department of Public Health, the physical examination of the patient indicating that the type of tuberculosis present in the patient be such as would coincide with the findings of a negative sputum.

All "open cases" of tuberculosis, in the care of which the necessary precautions to prevent conveyance of the infection to others directly or indirectly as detailed in Rule IV, are not being taken by the patient or attendant, shall be hospitalized if hospital facilities for this class of patients are available or shall be effectively isolated from all persons except the necessary adult nurse or attendant and *the isolation quarters appropriately and conspicuously placarded* until such time as satisfactory assurance can be given that these precautions will be strictly observed thereafter.

**Rule IV. Precautions.**—No person suffering from active or open tuberculosis, as defined in Rule III, shall occupy the same room as a bedchamber or sleeping room with any other person or persons unless such person or persons are suffering also from the same form of tuberculosis. This rule does not however, apply to well adult persons acting as nurse or attendant under the direction of a legally qualified physician.

The sputum raised and ejected by a tuberculous person or consumptive shall be destroyed or rendered sterile (a) by removing the sputum from the mouth by means of tissue paper,



paper napkin or clean cloth and subsequently burning such paper or cloth, or, (b) by depositing the sputum in a paper or cardboard sputum cup or container and subsequently burning the container without using same after it has once been emptied of sputum, or (c) by depositing the sputum in glass, china, porcelain or metal sputum cups or sputum flasks which are to be emptied only after being treated with a strong solution of carbolic acid, lysol, bi-chloride of mercury or some other efficient disinfectant. In case a glass, china, porcelain or metal sputum cup or flask is employed, either as holder or sputum cup directly, it should be cleansed after use with a strong disinfectant or boiled for a period of not less than 15 minutes.

A tuberculous person or consumptive shall not spit upon floors, streets, walks or other public or private places nor should such person use spittoons or dispose of his sputum in any other way than as prescribed heretofore.

A tuberculous person or consumptive shall not cough without covering his mouth with paper, cloth or other material, which paper, cloth or material should be promptly burned.

No child under sixteen (16) years of age shall be accepted as a patient in any general hospital or institution for the care of the sick, if such hospital or institution accepts as patients "open cases" of tuberculosis; unless such open cases of tuberculosis are housed in a separate and distinct division of the hospital and cared for in such a way that children while being treated in such hospital or institution will not be exposed to this disease.

No person suffering from open tuberculosis or consumption, as defined in Rule III, shall engage in nursing, attendance or care of children or sick persons.

No child under the age of sixteen (16) years shall live in the same home, apartment or other place of abode or habitation occupied by a person suffering from active or open pulmonary tuberculosis (consumption) unless proper precautions are being observed as required by this rule (Rule IV), and unless there is no contact between the person suffering from active or open pulmonary tuberculosis and other members of the family.

It is the duty of the local health authority to enforce the observance of these precautions by persons suffering from active or open tuberculosis or consumption. He shall ascertain whether the precautions required to be taken are thoroughly understood by patient, attendant and members of the household and should place in the hands of the patient, or person responsible for the care of the same, a copy of these rules and regulations.

**Rule V. Inspection—Sputum Examinations.**—It shall be the duty of the health authority, upon receiving a report of a case of pulmonary tuberculosis or consumption, to visit and inspect or to cause to be visited and inspected by a duly authorized and competent agent, at such intervals as are practicable and necessary, the home of the patient to satisfy himself that reasonable precautions are being taken for the protection of the public and of the members of the household.

Likewise it shall be the duty of the local health authority, from time to time during the illness of the patient, to cause specimens of sputum to be submitted to him and to cause the same to be examined at a laboratory recognized by the Illinois Department of Public Health, for the purpose of determining whether or not the patient is to be regarded as an "open case" of pulmonary tuberculosis or consumption. These sputum specimens are to be submitted at intervals of at least three months.

**Rule VI. Removals.**—No persons suffering from active tuberculosis shall be removed from the premises on which found unless consent to such removal be first obtained from the local health authorities, or from the Illinois Department of Health.

No person suffering from active tuberculosis shall be removed from any city, village, township or county in which found unless consent to such removal be first obtained from the health authorities of the jurisdiction from which and to which removal is contemplated.

It is the duty of the owner or agent of any premises in which a patient suffering from active open tuberculosis or consumption has resided, to promptly notify the local health officials of the death or removal of the tuberculous person or consumptive and such owner or agent shall not rent, lease or sell such premises or permit same to be occupied by any other person or persons than the family or household of the tuberculous person or consumptive until the premises have been disinfected as hereinafter provided.

**Rule VII. Exclusion from Schools.**—No person suffering from an active form of tuberculosis as defined in Rule III shall be employed as a teacher\* in any school nor shall such a tuberculous or consumptive person be employed or be permitted to serve in any capacity in or about a school building.

No child or young person suffering from an active form of tuberculosis shall be permitted to attend school or mingle with other well children in or about school buildings or elsewhere.

**Rule VIII. Sale of Milk, Groceries and Provisions.**—Whenever an open case of tuberculosis or consumption is found to exist on premises where milk or other drinks, groceries, vegetables, meats or other foodstuffs are either produced, handled or sold, the sale, exchange or distribution in any manner whatsoever of any milk or other drinks, cream or other milk products, groceries or vegetables, meats or other foodstuffs, is strictly prohibited until the case is terminated by arrest of the disease or by removal or death and the premises have been thoroughly disinfected, provided, that when, in the opinion of the health officer based upon personal inspection of the premises, the individual suffering from active open tuberculosis or consumption is so isolated that he does not come in contact with any milk, cream or other milk products, drinks of any kind, groceries, vegetables, meats or other foodstuffs.

\* It is recommended that school authorities require an annual physical examination of teachers employed, including a thorough chest examination. Only by such a procedure can teachers with early tuberculosis be detected with certainty.

offered for sale, barter, exchange or distribution and does not come into the room or rooms in which such drinks or foodstuffs are stored, held or offered for sale, barter, exchange or distribution, and where all other precautionary measures are carried out in such a way as to safeguard the public and the members of the household, the health officer may, at his discretion, modify the provisions of this paragraph.

A person suffering from tuberculosis will not be permitted to engage in any manner in the handling or preparation of foodstuffs, milk or milk products, drinks of any kind, groceries, vegetables or meats until it has been ascertained that such person is not an open case and is in no danger of spreading the infection.

**Rule IX. Disinfection.**—Upon the termination of the illness of a person suffering from active open tuberculosis or consumption by reason of the arrest of the disease, by death or by removal to other premises, the room or rooms that have been occupied by said tuberculous or consumptive person shall be thoroughly cleansed and disinfected. The amount and character of the preliminary measures which may be necessary before the actual disinfection is attempted depends on circumstances and conditions. If all the necessary precautionary measures have been taken by the patient and attendant, ordinary cleaning and disinfection of the sick room, its contents, including utensils used for or by the patient, will suffice.\*

However, if the necessary precautionary measures have not been taken, a thorough renovation of the sick room and other parts of the premises contaminated through ignorance, indifference, carelessness or neglect must be carried out. This renovation includes washing down walls with a suitable disinfecting solution followed by calcimining, papering or painting as desired, and practicable. Floors, woodwork, etc., should be thoroughly scrubbed with plenty of hot water and soap and this may be followed advantageously by use of a liquid disinfectant solution. Dishes, clothing, beds, etc., must be sterilized by boiling or immersion for one hour in a five (5) per cent carbolic acid solution or a three (3) per cent cresol solution. Fabrics which will be injured by boiling or by disinfection, may be disinfected by fumigation with formaldehyde gas. This can be simply done as follows:

Take an empty wash boiler, tight box or trunk; on the bottom place plain paper loosely crumpled and over this lay loosely an article, cover with an old towel and sprinkle thereon two tablespoonful of forty (40) per cent formaldehyde solution. Then put in another article, cover as before and again sprinkle with two teaspoonful of formaldehyde solution. The container may be filled in this manner. Finally tightly cover or close and in ten hours open, remove articles and hang out in the air.

\*Where the tuberculous or consumptive person gives sufficient evidence of sputum negative to tubercle bacilli and is domiciled temporarily for a few days only on premises which are new or have been recently thoroughly renovated, a thorough cleaning and airing of the same will suffice providing adequate care has been taken to properly dispose of sputum, boil bed linen, etc., and expose room and contents thereof to air and sunlight.

Gaseous disinfection is not recommended for use in fumigating rooms, for the reason that this method of disinfection as ordinarily carried out is not effective. Exposure of the sick room and contents to air and sunlight will accomplish as much as fumigation as usually performed.

**Rule X. Repeal—Effective Date.**—The rules for the control of tuberculosis heretofore promulgated and effective on and after August 1, 1917 and as revised June 1, 1918, shall on the effective date of this order be repealed and held for naught, except that cases reported and then pending shall be disposed of in accordance with these revised rules. These rules shall be in force and effect on and after the first day of December, 1922.

## SUGGESTIONS

**Early Diagnosis.**—Recovery from tuberculosis and the adequate protection of the public by the prevention of the spread of the disease, depend very largely upon early diagnosis. The tuberculous person who is ignorant of his infection is, therefore, a menace to those about him. Hence the importance of exhausting every means available for making a diagnosis promptly.

**Sputum Examination.**—Specimens of sputum from persons suspected of having pulmonary tuberculosis or consumption, will be examined without charge at the Laboratory of the Illinois Department of Public Health, Springfield, Illinois, provided such specimens are properly collected and transmitted in a proper container. Containers for the transmission of sputum may be obtained without charge at any of the several hundred agencies of the Illinois Department of Public Health, one of which is located in every county seat and in the larger towns and cities of Illinois.

While tubercle bacilli may be found in the sputum at any time, a morning specimen is more likely to show the presence of these germs. In any case, be sure that the material is raised from the lungs and is not merely saliva or naso-pharyngeal secretion.

**Caution.**—Physicians and all other persons concerned are cautioned as to the limitations which must be placed on the results of sputum examinations.

The presence of tubercle bacilli in the sputum is indisputable evidence of an active or "open case" of pulmonary tuberculosis or consumption and usually of more or less advanced disease.

The absence of tubercle bacilli in the sputum on the other hand signifies nothing. Even if numerous specimens are examined and tubercle bacilli are not found, it is not proof that the individual is not tuberculous. As a rule tubercle bacilli are not found in the sputum of those suffering from early or incipient tuberculosis.

## DEFINITIONS

For the purpose of these rules, the following shall be the accepted definitions used herein:



By "report of disease" is meant notification to the health authorities that a case of communicable disease exists in a specified person at a given address and other data as required by Rule II.

By a "suspected case of pulmonary tuberculosis" is meant a patient who gives a history of one or more of the following signs or symptoms, namely; spitting blood, persistent cough, loss of appetite, loss of weight, afternoon rise of temperature, undue fatigue, pleurisy with effusion, fistula in ano or previous close contact with an open case of pulmonary tuberculosis until the possibility of tuberculosis is ruled out by a thorough physical examination.

By "isolation" is meant the separating of persons suffering from a communicable disease, or carriers of the infecting organisms, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to susceptible persons.

By "quarantine" is meant the limitation of freedom of movement of a person who is sick with or who has been exposed to a communicable disease for the definite period of quarantine stated in these rules.

By "contact" or "exposure" is meant any person known to have been sufficiently near a person infected with tuberculosis, to have been exposed, to transfer of infectious material directly or by articles freshly soiled with such material.

By "susceptible" or "non-immune" is meant a person who is not known to have become immune to the particular communicable disease in question by natural or artificial process.

By "disinfection" is meant the destroying of the vitality of pathogenic micro-organisms by chemical means or by heat.



**Education.**—The prevention of tuberculosis is very largely a matter of education. The patient who is specially trained and who is careful is of little danger. The unschooled and careless consumptive is a menace to his household and to the community. A few months of care and education in a well-conducted sanatorium will often render the unsafe consumptive a harmless resident of his community.

The welfare and safety of the community may also be conserved to a large extent by the home education of the patient and of his family. Physicians and health officers are urged to supply their patients with simple, educational literature relative to the cause and prevention of this disease. A copy of these rules and regulations should be placed in every household in which there is a tuberculous person or consumptive. The Illinois Department of Public Health will also furnish without cost copies of the circular on "The Causes, Prevention and Cure of Tuberculosis" for the instruction of the tuberculous, their families and the general public.



The free dispensaries of the City of Chicago Municipal Tuberculosis Sanitarium are open every day in the week except Sunday, and they are open on Tuesday and Friday evenings from 7 to 8:30 o'clock.

Clinic hours are from 9 to 4 daily except Saturday.

Saturdays from 9 to 12 noon.

Tuesday and Friday evenings from 7 to 8:30.

Name	Dispensaries Are Located at:	Address
Sedgwick Street.....	1367	Sedgwick Street
Ashland Avenue.....	10	South Ashland Avenue
Racine Avenue.....	1215	South Racine Avenue
Stock Yards.....	738	West 47th Street
Grand Crossing.....	1002	East 75th Street
Robey Street.....	1535	North Robey Street
State Street.....	5625	South State Street
South Side.....	2950	Calumet Avenue

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